

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000011653

Entity Name: MORETHANDECOR, LLC

FILED
Apr 17, 2009
Secretary of State

Current Principal Place of Business:

765 CRANDON BLVD., APT. 605
APT 605
KEY BISCAYNE, FL 33149 US

New Principal Place of Business:

Current Mailing Address:

765 CRANDON BLV.
APT 605
KEY BISCAYNE, FL 33149 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: S () Delete
Name: FUENTES, LESLIE VICE
Address: 765 CRANDON BLV. APT 605
City-St-Zip: KEY BISCAYNE, FL 33149 US

Title: T () Delete
Name: FUENTES, LESLIE PRES
Address: 765 CRANDON BLV. APT 605
City-St-Zip: KEY BISCAYNE, FL 33149 US

Title: D () Delete
Name: FUENTES, LESLIE
Address: 765 CRANDON BLV. APT 605
City-St-Zip: KEY BISCAYNE, FL 33149

Title: P () Delete
Name: FUENTES, ANDREINA
Address: 765 CRANDON BLV. APT PH9
City-St-Zip: KEY BISCAYNE, FL 33149

Title: D () Delete
Name: FUENTES, ANDREINA
Address: 765 CRANDON BLV. APT PH9
City-St-Zip: KEY BISCAYNE, FL 33149

Title: V () Delete
Name: FUENTES, MERCEDES
Address: 791 CRANDON BLV.
City-St-Zip: KEY BISCAYNE, FL 33149

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: L. FUENTES

TRE

04/17/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date